PART B-ISSUE FEE TRANSMITTAL complete and mail this form, together with appli-Box ISSUE FER ole fees, to: **Assistant Commissioner for Patents** DEC 2 8 1999 Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be confident where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class HM32/0927 mail in an envelope addressed to the Box Issue Fee address above on 021675 the date indicated below. BARRY EVANS WHITMAN BREED ABBOTT AND MORGAN 200 PARK AVENUE (Depositor's name) NEW YORK NY 10166 (Signature) (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 09/27/99 CHIN, 1641 08/611,804 03/06/96 119 First Named O Days. 35 USC 154(b) WOHLSTADTER, term ext. **Applicant** MULTI-ARRAY, MULTI-SPECIFIC ELECTROCHEMILUMINESCENCE TESTING INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 370068-6150 435-006.000 019 UTILITY YES. \$605.00 12/27/99 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Whitman Breed Abbott Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) & Morgan LLP ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies _____10 filing an assignment. (A) NAME OF ASSIGNEE Meso Scale Technologies, LLC. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) Gaithersburg, Maryland DEPOSIT ACCOUNT NUMBER. (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual corporation or other private group entity government ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney 12/29/1999 SDUDNG1 00000036 08611804 or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. 01 FC:242 02 FC:561 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

TRANSMIT THIS FORM WITH FEE

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

Patents, Washington D.C. 20231

Publishing Division